

Structuring an Inter-sector Research Partnership: A Negotiated Zone Reply to Commentaries

Participatory research and innovation in public health

The case study presented in the article (Bernier et al. 2006) focuses on the first steps taken in structuring an inter-sector partnership initiated by the academic community. Not all these partnerships are participatory. In many cases, the university partners control the research activities (Springett 2006), which explains the relevance of studying processes of engagement with a view to building an alliance system based on shared objectives. The present case study is an example of reflexive research on these practices (Springett 2006) and identifies some avenues for avoiding the many pitfalls that can occur (Rütten 2006).

The literature dealing with the establishment of community-university alliances notes that the initial steps tend to focus on procedural and structural agreements, particularly within the framework of programs involving several projects and several partners (Potvin et al. 2003; Lantz et al. 2001), without neglecting, as Bauer (2006) notes, the importance of centering attention on resolving the problems of concern to the partners. The negotiations entailed by the implementation of these kinds of partnership “[lead] us through the politics of research” (McMurray 2006).

Participatory research

The kind of participatory research that builds knowledge by way of democratic processes (Springett 2006) is characterised by the assembly of alliances around projects with several objectives which have become convergent with one another. As such, the projects are proposals for emerging networks which extend their scope as they transform themselves. In the collective process during which the participants’ knowledge, skills, identity and interests are articulated and stabilised, their projects and expectations are reconfigured via interactions, negotiations and the need for compromise (Callon &

Rabeharisoa 2003). The dynamic study of these controversies reveals the existence of phases during which debates focused around society and around knowledge are inseparably linked (Callon 1986b). Within this framework, conflictual cooperation dynamics do not necessarily signify failure on the part of community spokespersons (McMurray 2006) but could be indicative of a process of affirmation. In order to develop a compromise that will ensure its integrity, the research process must accommodate itself to the actors’ reinterpretations of their role and the research products. Such reinterpretations are based on their respective interests and capacities (power relations). In processes involving reinterpretation, researchers are indeed mediators whose actions reorient existing interactions (Rütten 2006).

Studying the processes of knowledge co-construction

The study of the processes of knowledge co-construction in the partnership developed by the Chair rests on two reflexive settings. First, we undertake research on these participatory experiences. The meetings of the research team and with the local partners are recorded, transcribed and analysed. The results of the analysis are provided to the team with a view to fuelling discussion about the processes and practices that affect the way in which participatory research is being structured. The method used in the present case study is part of this process. This approach makes it possible to contribute to implementing participatory and transdisciplinary research practices. Indeed, although there is an abundant rhetoric about these research processes and positions, there are very few empirical studies that document them.

The second venue is the active, critical work of a “translator” who facilitates the interface between practice and research (Callon 1986a). The “translator’s” pivotal role, which consists in facilitating clear communication, decision-making transparency and reciprocal adjustments, fosters the ongo-

ing engagement of the partners in the research activity. This role also contributes to structuring the expression of the partners' concerns, especially those who have fewer material and symbolic resources, in the various activities supporting the clarification of the partners' questions and information needs, which, in turn, fosters their articulation in the research questions. Moreover, this role reinforces the implementation of research findings by taking into account the contexts and the responsibilities of the various actors.

As such, because it presupposes the meeting of several perspectives, participatory research can become a reflexive practice. Recent work on the subsequent phases of the process described in the case study reveals the potential of participatory research with this kind of reflexive posture to foster the development of innovative networks (Mantoura 2006).

Participatory research and innovation in public health

Several new public health practices are being formulated as a response to the link between health inequalities and social conditions found in districts and neighbourhoods as well as in social institutions in which people reproduce and transform the social structure that engenders health disparities. As such, the social has become "healthified" in light of the growing success of health organisations in mobilising in an integrated way community partners and public actors in other sectors (e.g., schools and municipalities) whose primary mission does not focus on health. By insinuating itself into a variety of social sectors, health programming is participating in the definition of a social and health space in which there is an increasingly real dialogue between the state, via its various institutions, and community organisations, the voice of civil society.

This sociosanitary space (Fassin 1998) is also a space for deliberation and negotiation. It is a common, negotiated action which entails an appropriate contribution by each participant and which respects each actor's distinct identity and interests. However, collective action necessarily provokes tensions

which give rise to uncertainty and risk. Generally speaking, the coordination of this space takes the form of managing controversies, which enables a discussion between experts and community spokespeople, with a view to developing a shared vision of possible solutions (Callon et al. 2001).

As Rütten (2006) notes: "The policy environment may change if the inter-sector partnership network has been established and develops its own impact." Participatory research on this sociosanitary space fosters the establishment of a dialogue among scientific, professional and lay knowledge and mobilises knowledge arising from the social sciences and health sciences. This transdisciplinary, hybrid dialogue also proposes new ends for public health. It is no longer simply a matter of applying standardised solutions to problems identified by outside experts in given settings. Rather, it is one of accompanying these actors and providing them with conceptual and practical tools for dealing with a range of problems that occur in specific socio-historical contexts. These projects also propose widening the circle of relevant actors to reach these ends (Rock 2006). In addition, the goal is not simply to present people with a program which is planned and implemented by professionals. Rather, it is necessary to establish enduring partnerships with all the actors in a given setting who are relevant to developing a particular issue. We refer to public health networks characterised by flexibility and openness and which are created and managed on a grassroots basis and work in a coordinated way across organisations. This way of doing things is one of the strengths of interventions based on the creation of sociosanitary spaces when it is important to reach out to vulnerable populations.

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